APPLICATION FOR ZONING VARIANCE BOARD OF ZONING APPEALS, LICKING TOWNSHIP, OHIO

In accordance with the provisions of the Zoning Resolution of Licking Township, Licking County, Ohio, I hereby apply to the Licking Township Board of Zoning Appeals for a Variance of the Zoning Resolution, Licking County, Ohio, applicable to the subject property.

(Please print or type all information)

this resolution.

same district.

Name of Applicant		
Mailing Address		
Phone Number: Home	Business	
Name of Property Owner	<u>-</u>	
Mailing Address		
Phone Number: Home	Business	
1. Location Description:		
Subdivision Name		
Section	Township Licking	Lot No
3. Existing use of the sul4. Proposed use of the s	nation of the subject property: bject property: subject property: e:	
		cations of the Licking Township Zoning
Board of Zoning Appeals	that the following items are true. page, in a typed letter format. Yo	ranted, the applicant must prove to the Please address the following our comments will be the basis for your
A. That special cond or buildings in the		which are peculiar to the land, structure

Application No. _____

B. That a literal interpretation of the provisions of this resolution would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of

C. That special conditions and circumstances do not result from actions of the applicant.
D. That granting the variance requested would not confer on the applicant by special privilege that is denied by this resolution to other lands, structures or buildings in the

- E. Owner's consent to application or satisfactory evidence showing applicants legal or equitable interest in property.
- 8. Attachments and additional information required:
 - A. Plans in triplicate and drawn to scale, preferably 8 ½ inches by 11 inches but no larger than 11 inches by 17 inches, must accompany this application showing dimensions and shape of lot, the size and locations of existing buildings, the locations and dimensions of proposed or alterations, and any natural or topographic peculiarities of the subject property.
 - B. Provide a list of all adjoining property owners with their complete names and mailing addresses in accordance with the Licking County Auditor's current tax list on mailing labels either in a typed format or in legible handwriting. This includes adjoining property owners on all four sides, including across road right-of-ways. PLEASE NOTE: Failure to accurately list all adjoining property owners will result in return of the variance application for completion.
 - C. A copy of the tax map showing adjoining property owners and the specific location of the subject property within Licking Township. This is available at the Licking County Engineer's Office.
- 9. Submittal of this application does not imply nor guarantee approval by the Licking Township Board of Zoning Appeals. Approval or denial of any application is at the sole discretion of the Licking Township Board of Zoning Appeals. It is recommended that a representative for the applicant be present at the scheduled public hearing.

I certify that the information contained in this appl	ication and its supplements is true and correct.
Applicant Signature	Date

APPLICATION FOR VARIANCE

List all adjoining property owners with their complete names and mailing addresses. This includes adjoining property owners on all four sides, including across road right-of-ways.

2				
3	 	 	 	
	 	 	 	<u> </u>
4	 	 	 	
5	 	 · · · · · · · · · · · · · · · · · · ·	 	
7		 		
Q				
o	 	 	 	

When complete, please return all documents along with the hearing fee of \$300.00 for residential variances or \$600.00 for all commercial/business/industrial/manufacturing variances (make check payable to Licking Township Trustees) to:

Andrea Lynch, Licking Township Zoning Clerk 8332 Licking Trails Road Thornville, OH 43076

For Official Use Only

Licking Township Board of Zoning Appeals

Date of Notice in Newspaper:			
Date of Notice of Adjacent Property Ow			
Fee Paid:	Check no	Date:	
Decision of Board of Zoning Appeals:			
If approved, the following conditions an	d safeguards were prescril	ped:	
1			
2			
3			
4			
5			
6			
If denied, reason for denial:			